



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D2970-1**  
**Job Sheet 179143**



Part No: D2970-1

Job Qty: 4 ea

Part Name: Wearplate Fwd



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 6/14/18

Job Tracking No:

Due Date: 7/4/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV C IPP: B 01.06.07 Added Material and Tool number SM/EC IPP Rev:C Now on Waterjet 07-06-27  
JLM IPP REV:D 13.04.08 AS PER DWG REV.B DD VERF:JLM IPP REV:E 14.02.05 AS PER DWG REV.C DD  
VERF:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off                |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                         |
| 90    | Start up Operation | 4 Ea  | 7/4/18     | 7/4/18   | 0.00      | 0.00    | Start Up Waterjet     |           | SC 18/06/15             |
| 100   | Waterjet           | 4 pcs | 7/4/18     | 7/4/18   | 0.00      | 0.35    | Waterjet1             |           | SC 18/06/15             |
| 110   | QC                 | 4 pcs | 7/4/18     | 7/4/18   | 0.00      | 0.00    | QC2 Waterjet-1        |           | SC 18/06/15             |
| 120   | QC                 | 4 pcs | 7/4/18     | 7/4/18   | 0.00      | 0.00    | QC8-1                 |           | 38                      |
| 130   | Brake NC           | 4 pcs | 7/4/18     | 7/4/18   | 1.10      | 0.18    | Brake NC 1            |           | DAS 9-89 SP             |
| 140   | QC                 | 4 pcs | 7/4/18     | 7/4/18   | 0.00      | 0.00    | QC5                   |           | 38                      |
| 150   | HandFinish         | 4 pcs | 7/4/18     | 7/4/18   | 0.00      | 0.33    | HandFinish4           |           | AP 89 JUN 30 2018       |
| 160   | QC                 | 4 pcs | 7/4/18     | 7/4/18   | 0.00      | 0.00    | QC3                   |           | 18-07-05                |
| 170   | Packaging          | 4 pcs | 7/4/18     | 7/4/18   | 0.00      | 0.00    | Packaging3-1          | FP002     | BEB 18-07-05            |
| 180   | QC21-SA            | 4 Ea  | 7/4/18     | 7/4/18   | 0.00      | 0.00    | QC21                  |           | DAS 21 9-89 JUL 06 2018 |

Part Op 100 - 1-Cut as per Dwg D2970

Descriptions: 130 - Deburr and form on brake using DT8178 and DT8261 as per Dwg D2970

150 - Coat entire top concave surface with a layer of TEXTURE COATING as per dwg QSI 005 4.9 A/R TEXTURE COATING batch: 138854

170 - LOCATION : FP002

### Job BOM

| Part / Item | Component Name     | Quantity            | Operation             | Container |
|-------------|--------------------|---------------------|-----------------------|-----------|
| M304S20GA   | 304/316 .040 Sheet | 1.4600 sf (.365 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M304S20GA      | 1        | 111       | 0         |

### Part Specifications

Specifications could not be found.

Work Order update only

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
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| Work Order: _____<br>Part No. _____<br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Suspected Un <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |  |
| Date : _____<br>Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Description Work Order Deviation                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>Work Order: _____</p> <p>Part No. _____</p> <p>NCR No. _____</p> </div> <div> <p>Revised By _____</p> <p>Supervisor _____</p> <p>Approval _____</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>Container No: S082209</p> <p>Part: D2970 - 1</p> <p>Job No: 179143</p> <p>Serial No/Batch: S082209</p> <p>Revision: _____</p> <p>Inspector: _____</p> <p>Exp Date: _____</p> <p>Instructions: _____</p> </div> <div> <p><b>DART</b><br/>AEROSPACE</p> <p>Uart Aerospace Ltd.<br/>1270 Aberdeen Street<br/>Hawkesbury, ON K6A 1K7<br/>CANADA<br/>TEL.: 1 813 832 - 8200<br/>Email: sales@dartaero.com<br/>www.dartaerospace.com</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>Environment <input type="checkbox"/></p> <p>Design <input type="checkbox"/></p> <p>Doc/Data <input type="checkbox"/></p> <p>Equip/Tooling <input type="checkbox"/></p> <p>Handling/Pre <input type="checkbox"/></p> <p>Material <input type="checkbox"/></p> <p>Internal Transport <input type="checkbox"/></p> <p>Tribal Knowledge <input type="checkbox"/></p> <p>LOA <input type="checkbox"/></p> <p>Substation <input type="checkbox"/></p> <p>Past Expiry Date <input type="checkbox"/></p> <p>Misidentified <input type="checkbox"/></p> </div> <div> <p>No Re-verification <input type="checkbox"/></p> <p>Operator <input type="checkbox"/></p> <p>Offset/Setup <input type="checkbox"/></p> <p>Supplier <input type="checkbox"/></p> <p>Training <input type="checkbox"/></p> <p>Use for Testing <input type="checkbox"/></p> <p>Poor Information <input type="checkbox"/></p> <p>Rushing <input type="checkbox"/></p> <p>Product Improvement <input type="checkbox"/></p> <p>Process Improvement <input type="checkbox"/></p> <p>Manufacturing Process <input type="checkbox"/></p> <p>Past Due <input type="checkbox"/></p> </div> <div> <p>Pressure/For. <input type="checkbox"/></p> <p>Bending <input type="checkbox"/></p> <p>Centre Not Concentric <input type="checkbox"/></p> <p>Cracks <input type="checkbox"/></p> <p>Crimp/Kink/Ripple/Wave <input type="checkbox"/></p> <p>Cuffs <input type="checkbox"/></p> <p>Crushing <input type="checkbox"/></p> <p>Heat Treat <input type="checkbox"/></p> <p>Wave/Twist in Tube <input type="checkbox"/></p> <p>Marks/Chatter <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> </div> <div> <p>BOM/Route <input type="checkbox"/></p> <p>Broken/Damage/Defect <input type="checkbox"/></p> <p>Inspection Incomplete/Unqualified <input type="checkbox"/></p> <p>Contamination <input type="checkbox"/></p> <p>Countersink <input type="checkbox"/></p> <p>Cut Too Short <input type="checkbox"/></p> <p>Instructions Incomplete/Unclear <input type="checkbox"/></p> <p>Drill Holes <input type="checkbox"/></p> </div> <div> <p>Weld <input type="checkbox"/></p> <p>Wrong Stock Pulled <input type="checkbox"/></p> <p>Out of Sequence <input type="checkbox"/></p> <p>Off-set <input type="checkbox"/></p> <p>Mislabeled <input type="checkbox"/></p> <p>Fit/Function <input type="checkbox"/></p> <p>Misaligned/off center <input type="checkbox"/></p> </div> <div> <p>Part Lost/Missing <input type="checkbox"/></p> <p>Part Moved <input type="checkbox"/></p> <p>Drawing <input type="checkbox"/></p> <p>Finish <input type="checkbox"/></p> <p>Misread <input type="checkbox"/></p> <p>Turning Sequence <input type="checkbox"/></p> </div> </div> |  |                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |



|                               |               |                     |                    |
|-------------------------------|---------------|---------------------|--------------------|
| <b>DART AEROSPACE LTD</b>     |               | <b>Work Order:</b>  | 179173             |
| <b>Description:</b> Wearplate |               | <b>Part Number:</b> | D2970-1            |
| <b>Inspection Dwg:</b> D2970  | <b>Rev:</b> C |                     | <b>Page 1 of 1</b> |

# INSPECTION SHEET

[illegible]

|              |         |             |             |               |  |
|--------------|---------|-------------|-------------|---------------|--|
| Measured by: | SC      | Checked by: | 38          | QC Inspector: |  |
| Date:        | 5/16/15 | Date:       | JUN 19 2018 | Date:         |  |

|                                                |  |              |  |
|------------------------------------------------|--|--------------|--|
| <b>Engineering Approval:</b><br>(If necessary) |  | <b>Date:</b> |  |
|------------------------------------------------|--|--------------|--|

| Rev | Date     | Change                           | Revised by | Approved |
|-----|----------|----------------------------------|------------|----------|
| A   | 08.11.27 | New Issue                        | KJ/EC      |          |
| B   | 13.04.12 | Dimensions updated per Dwg Rev B | KJ         |          |
| C   | 17.07.13 | Dwg Rev updated                  | KJ         |          |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |